

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

* 03-152
 William L. Zawila, Esq.
 12550 Brookhurst St.
 Suite A
 Garden Grove, CA 92840

2. Article Number (Copy from service label)

7002 0510 0003 8378 2868

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  ☐ Agent ☒ Addressee

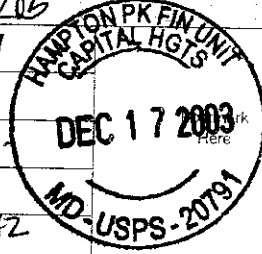
D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

12/24/03

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

**U.S. Postal Service
 CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)**

7002 0510 0003 8378 2868			
Postage	\$.37		
Certified Fee	2.30		
Return Receipt Fee (Endorsement Required)	1.75		
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$ 4.42		

Sent to: **William L. Zawila**
 Street, Apt. No. or PO Box No.: **12550 Brookhurst St #A**
 City, State, ZIP+4: **GARDEN GROVE CA 92840**

PS Form 3800, January 2001

See Reverse for Instructions